

**INSTRUCTIONS:** If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transportation terminal place of business. Please refer to the **INSTRUCTIONS FOR FILING NOTIFICATION** before completing this form. The information requested herein is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

## COMMENTS

**IX. DESCRIPTION OF HAZARDOUS WASTES**

Please go to the reverse of this form and provide the requested information.

- FOR OFFICIAL USE ONLY									
5	6	7	8	9	10	11	12	13	14
W	I	L	D	O	O	S	I	S	O
1	2	3	4	5	6	7	8	9	10

# IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 23 - 26	2 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE  
(D001)

☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☐ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>Bernard V. Passanocht</i>	NAME & OFFICIAL TITLE (type or print) Plant Manager	DATE SIGNED 8-8-80
-------------------------------------------	--------------------------------------------------------	-----------------------

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

SEP 13 1993

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒B. Subsequent Notification  
(complete item C)

C. Installation's EPA ID Number

1LD005150206

## II. Name of Installation (Include company and specific site name) 0316330007

GENERAL PACKAGING PRODUCTS INC

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1700 SOUTH CANAL ST

Street (continued)

City or Town

CHICAGO

State

ZIP Code

1L60616-1189

County Code

County Name

031 COOK

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

SAME

City or Town

State

ZIP Code

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

BUNCH

(first)

VORNEY

Job Title

V P OPERATIONS

Phone Number (area code and number)

312-226-5611

## VI. Installation Contact Address (See Instructions)

A. Contact Address  
Location Mailing☒☒

B. Street or P.O. Box

SAME

City or Town

State

ZIP Code

## VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

WILKIAM R KEKLOGG III

Street, P.O. Box, or Route Number

SAME

City or Town

State

ZIP Code

Phone Number (area code and number)

312-226-5611

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

X

(Date Changed)  
Month Day Year

Section 10 - For Official Use Only									

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities
<input type="checkbox"/> 1. Generator (See instructions) <input checked="" type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) <input type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	<input type="checkbox"/> 3. Trencher, Stoner, Disposer (at installation) Note: A permit is required for this activity; see instructions. <input type="checkbox"/> 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	<input type="checkbox"/> 1. Off-Specification Used Oil Fuel <input type="checkbox"/> a. Generator Marketing to Burn <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 2. Specification Used Oil Fuel Mark: (or On-site Burner) Who First Cleared the Oil Meets the Specification

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. EP Toxic (D000)	(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span>

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 F005	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6
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## X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this form and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature <i>Valney M. Bouch</i>	Name and Official Title (type or print) Valney M. Bouch, V.P. OPERATIONS	Date Signed 8-10-92
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## XI. Comments



ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

ILD005150206

REACKNOWLEDGEMENT

GENERAL PACKAGING PRODUCTS INC.  
1700 S CANAL ST  
CHICAGO

IL 60616

INSTALLATION ADDRESS

1700 S CANAL STREET  
CHICAGO

IL 60616



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5

77 WEST JACKSON BOULEVARD

CHICAGO, IL 60604-3590

RECEIVED OCT 21 1993  
WMD RCRA  
RECORD CENTER

REPLY TO THE ATTENTION OF:

October 18, 1993

GENERAL PACKAGING PRODUCTS INC  
ATTN:VOLNEY BUNCH  
1700 S CANAL ST  
CHICAGO IL 60616

RE: US EPA ID Number ILD 005 150 206

Location: 1700 S CANAL ST

CHICAGO IL 60616

In response to your correspondence of 09-13-93, the following  
information has been updated:

Addition of

NOTIFICATION UPDATED

If you have any questions, please call me at (312) 886-6173.

Sincerely,

A handwritten signature in cursive script, appearing to read "Sharon Kiddon".

Sharon Kiddon  
RCRA Notifications Coordinator  
Waste Management Division

cc: State Agency  
File

on file copy

DEFREES & FISKE  
LAW OFFICES  
SUITE 1500, 72 WEST ADAMS STREET  
CHICAGO 60603

RICHARD E. VOLAND  
LEE WINFIELD ALBERTS  
JOHN W. HUPP  
ELEANOR Y. GUTHRIE  
WILLIAM P. STEINBRECHER  
JOHN W. BOWDEN  
EDWARD J. GRIFFIN  
J. WILLIAM CUNCAHMAN  
MARVIN S. HELFAND  
CHARLES L. BYRUM  
GREGORY E. NORWELL  
CHARLES K. ROBINETTE  
TIMOTHY J. RIGORDAN  
MARTIN J. CAMPANELLA  
HENRY J. UNDERWOOD, JR.  
KENNETH A. VON KLICK  
LAWRENCE S. GOODMAN

GARY SCHUMAN  
JOHN H. CREGOR, JR.  
SARAH M. STEGENHOELLER  
LILLIAN P. WESS  
W. MICHAEL SEIDEL  
MIRIAM LESKOVAR BURKLAND

DONALD DEFREES, 1915-1968  
KENNETH M. FISKE, 1928-1978

HARRY R. DEBLEY  
THOMAS J. JOHNSON  
JAMES W. GOOD, JR.  
DAVID D. HOFFMAN  
OF COUNSEL

TELEPHONE (312) 372-4000

CABLE

DEFREESLAW, CHICAGO

TELEX: 206720

August 18, 1983

4429-8301

Ms. Zetta Davis  
U.S. Environmental Protection Agency  
230 S. Dearborn  
Chicago, Illinois 60604

NO ACTION TAKEN  
PENDING DECISION ON WITHDRAWAL  
BY EPA STAFF

DATE 8/24/83

Re: General Packaging Products, Inc.  
1700 S. Canal Street  
Chicago, Illinois 60616  
ILD005150206 *PHC, TLO, P437*

Dear Ms. Davis:

Please be advised that General Packaging Products, Inc. and McKesson Chemical Company have entered into an agreement pursuant to which McKesson collects accumulated alcohol solvent waste from General Packaging's printing operations at least as often as once every ninety (90) days. Under these facts, General Packaging qualifies as a generator only facility which accumulates waste for less than 90 days and is exempt from the permit requirements pursuant to 40 CFR Sec. 262.43 and from proof of financial responsibility requirements pursuant to 40 CFR Sec. 265.1(c)(7). Therefore, General Packaging hereby withdraws from the Part A permit application process.

Very truly yours,

DEFREES & FISKE

Miriam Leskovar Burkland

cc: George Perry, Illinois EPA  
William K. Kellogg III, General Packaging Products, Inc.

8/24/83

<b>FORM</b> <b>1</b> <b>GENERAL</b>	<b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b> <b>GENERAL INFORMATION</b> <i>Consolidated Permits Program</i> <i>(Read the General Instructions before starting.)</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>I. EPA I.D. NUMBER</b></td> </tr> <tr> <td style="width:80%;"> <b>IL 40 005156206</b> </td> <td style="width:20%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">T/A</td> <td style="text-align: center;">C</td> </tr> <tr> <td style="text-align: center;">13</td> <td style="text-align: center;">14</td> </tr> <tr> <td style="text-align: center;">15</td> <td style="text-align: center;">16</td> </tr> </table> </td> </tr> </table>	<b>I. EPA I.D. NUMBER</b>		<b>IL 40 005156206</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">T/A</td> <td style="text-align: center;">C</td> </tr> <tr> <td style="text-align: center;">13</td> <td style="text-align: center;">14</td> </tr> <tr> <td style="text-align: center;">15</td> <td style="text-align: center;">16</td> </tr> </table>	T/A	C	13	14	15	16
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T/A	C											
13	14											
15	16											
<b>LABEL ITEMS</b>		<b>GENERAL INSTRUCTIONS</b> If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.										
<b>I. EPA I.D. NUMBER</b>	PLEASE PLACE LABEL IN THIS SPACE											
<b>III. FACILITY NAME</b>												
<b>V. FACILITY MAILING ADDRESS</b>												
<b>VI. FACILITY LOCATION</b>												
GENERAL PACKAGING PRODUCTS, INC. 1700 SOUTH CANAL STREET  CHICAGO, ILLINOIS 60616												

## II. POLLUTANT CHARACTERISTICS

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK "X"			SPECIFIC QUESTIONS	MARK "X"		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

## III. NAME OF FACILITY

C	1	SKIP	60
---	---	------	----

## IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
C	2	3	1 2 2 2 6 5 6 1 1
	F A S S N A C H T   B E R N A R D   P L A N T   M G R .		

## V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX		B. CITY OR TOWN		C. STATE	D. ZIP CODE
E	3	F	4	I	L 6 0 6 1 6
	1 7 0 0   S O U T H   C A N A L   S T R E E T		C H I C A G O		

## VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER				B. COUNTY NAME	
C	5	D	6	E	F
	1 7 0 0   S O U T H   C A N A L   S T R E E T		C O O K		
C. CITY OR TOWN				D. STATE	E. ZIP CODE
C	6	D	7	E	F
	C H I C A G O		I L		6 0 6 1 6

I. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
(specify)				(specify)			
C. THIRD				D. FOURTH			
(specify)				(specify)			

II. OPERATOR INFORMATION

A. NAME															B. Is the name listed in Item VIII-A also the owner?				
GENERAL PACKAGING PRODUCTS, INC.															<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)															D. PHONE (area code & no.)									
F = FEDERAL      M = PUBLIC (other than federal or state) S = STATE        O = OTHER (specify) P = PRIVATE															(specify) 15 16 17 18 19 20 21 22 23 24									

E. STREET OR P.O. BOX																													
700 SOUTH CANAL STREET																													

F. CITY OR TOWN															G. STATE					H. ZIP CODE					IX. INDIAN LAND				
CHICAGO															IL					60616					Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				

EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)														
T I N 9 P															T I 9 P														
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)														
T I U 9															T I 9														
C. RCRA (Hazardous Wastes)															E. OTHER (specify)														
T I R 9															T I 9														

(I. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

II. NATURE OF BUSINESS (provide a brief description)

PRINT AND COAT PAPER FOR FOOD PACKAGING.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)															B. SIGNATURE															C. DATE SIGNED									
BERNARD FASSNACHT PLANT MANAGER																														11/11/80									

COMMENTS FOR OFFICIAL USE ONLY

C 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30																													
------------------------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

534

## II. PROCESSES (continued)

SPACE FOR ADDITIONAL PROCESS CODES OR INCLUDE DESIGN CAPACITY.

R DESCRIBING OTHER PROCESSES (code "T04")

FOR EACH PROCESS ENTERED HERE

## V. DESCRIPTION OF HAZARDOUS WASTES

**EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE      CODE  
POUNDS ..... P  
TONS ..... T

METRIC UNIT OF MEASURE      CODE  
KILOGRAMS ..... K  
METRIC TONS ..... M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

## VI. PROCESSES

### 1. PROCESS CODES:

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)		D. PROCESSES									
								1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))					
X-1	K	0	5	4	900	P		T	0	3	D	8	0				
X-2	D	0	0	2	400	P		T	0	3	D	8	0				
X-3	D	0	0	1	100	P		T	0	3	D	8	0				
X-4	D	0	0	2													included with above

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY														
<div style="display: flex; justify-content: space-between;"> <span>W</span> <span>T/A C</span> </div> <div style="display: flex; justify-content: space-between;"> <span>1 2</span> <span>13 14 15</span> </div>													<div style="display: flex; justify-content: space-between;"> <span>W</span> <span>T/A C</span> </div> <div style="display: flex; justify-content: space-between;"> <span>1 2</span> <span>13 14 15 23 - 26</span> </div>														
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																											
W Z JZ	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																				
	23	24	25	26			1. PROCESS CODES (enter)																				
	27	28	29	30		36	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29
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26																											

IV. DESCRIPTION OF HAZARDOUS WASTE<sup>2</sup> (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE

EPA I.D. NO. (enter from page 1)											
S											T/A/C
E											6
1	2				13	14	15				

## V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

## VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

## VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, &amp; seconds)

LONGITUDE (degrees, minutes, &amp; seconds)

65	66	67	68	69	70	71	

72	73	74	75	76	77	78	79

## VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

G	WILLIAM K. KELLOGG, 111										3 1 2 - 2 2 6 - 5 6 1 1										
E																					
3. STREET OR P.O. BOX										4. CITY OR TOWN											
C	1700 SOUTH CANAL STREET										C	CHICAGO									
F											G										
5. ST.										6. ZIP CODE											
IL										6 0 6 1 6											

## IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
WILLIAM K. KELLOGG, 111	<i>William K. Kellogg</i>	11/11/80

## X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
BERNARD FASSNACHT	<i>Bernard Fassnacht</i>	11/11/80

~~To Note: To Part 1~~

REGION V

Horst

DATE: 5-19-82

5WMB

(144)

RE: Installation Name General Packaging Products

B. Stone

Installation Address 1700 S. Canal St. - Chicago, ILEPA ID# ILD005150206

FROM: Regulatory Analysis and Information Section

TO: Bill Miner, Chief  
Technical Permits & Compliance SectionAttached for your review is a copy of Letter notifying of  
code change

for the above-referenced facility.

Cover letter date 5-03-82Rec'd in Region 5-14-82Rec'd in RAIS 5-14-82Versar: Action required: Correct capacity to show 1,500 gallons.Reviewer's summary: Read copy of original Part A before  
decision can be made.

per telecon w/ B. Fassnacht on 8-27-82, this is the same tank originally listed on the Part A, but the company had underestimated the actual capacity, which was discovered upon removing material from the tank. This is not a change. It is a clerical entry.

PLEASE RETURN THIS FORM ALONG WITH ALL RELATED MATERIAL TO LISA BINDER

PJS  
8/27/82

# GENERAL PACKAGING PRODUCTS INC.

1700 SOUTH CANAL STREET, CHICAGO, ILLINOIS 60616 • 312-226-5611

PRINTED AND  
MADE IN THE  
UNITED STATES OF  
AMERICA



May 3, 1982

RECEIVED

MAY 14 1982

WASTE MANAGEMENT BRANCH  
EPA, REGION V

PCRA ACT.  
U.S.E.P.A. Region #5  
P.O. Box A3587  
Chicago, IL 60690

Attention Lisa Binder

Pro. USEPA ID NO. ILD 005 150 206 *JMB*

Please change our SO2 Code to read 1500 gallon capacity.

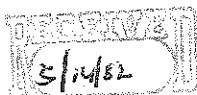
*R.T.S.O. PA*

Very truly yours,

GENERAL PACKAGING PRODUCTS, INC.

*Barney Fassnacht*  
Barney Fassnacht  
Plant Manager

BF/g



*file*



UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION 5  
230 SOUTH DEARBORN ST.  
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:  
5HW-13

AUG 6 1984

William K. Kellogg, III, President  
General Packaging Products Inc.  
1700 South Canal Street  
Chicago, Illinois 60616

RE: Withdrawal of Part A  
(Storage Fewer Than 90 Days)  
FACILITY NAME: General Packaging Products Inc.  
U.S. EPA ID NO.: ILD005150206

Dear Mr. Kellogg:

This is to acknowledge that the United States Environmental Protection Agency (U.S. EPA) has completed its review of your Part A Hazardous Waste Permit Application and your letter of July 9, 1984, requesting the withdrawal of your permit application. According to the information which you have submitted, your facility has accumulated wastes generated on-site for fewer than 90 days in containers or tanks since November 19, 1980, in accordance with 40 CFR Part 262.34. It is the opinion of this office, based on the information submitted, that your facility is not required to have a hazardous waste permit under Section 3005 of the Resource Conservation and Recovery Act at this time. Please be advised that you must ensure that your waste is handled in accordance with 40 CFR Part 262.34 (enclosed), and applicable State and local requirements.

You will retain your U.S. EPA Identification number, if you notified as a generator or transporter of a hazardous waste.

Please contact the Regulatory Analysis and Information Unit at (312) 886-6148 for assistance, if you have any questions. Please refer to "Withdrawal of Part A (Storage Fewer Than 90 Days)," in all correspondence on this matter.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Karl J. Klepitsch, Jr.".

Karl J. Klepitsch, Jr., Chief  
Waste Management Branch

Enclosure

cc: Bernard Fassnacht, Plant Manager  
Miriam Leskovar Burkland  
IEPA



UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION V  
230 SOUTH DEARBORN ST.  
CHICAGO, ILLINOIS 60604



REPLY TO ATTENTION OF:

5HW-13

William K. Kellogg<sup>III</sup>, President  
General Packaging Products Inc.  
1700 South Canal Street  
Chicago, Illinois 60616

RE: Withdrawal of Part A  
(Storage fewer than 90 Days)

FACILITY NAME: General Packaging Products Inc  
USEPA ID NO.: ILD 005 150 206

Dear Mr. Kellogg

This is to acknowledge that the United States Environmental Protection Agency (USEPA) has completed its review of your Part A Hazardous Waste Permit Application and Your letter of JULY 9, 1984, requesting the withdrawal of your permit application. According to the information which you have submitted, your facility has accumulated wastes generated on site for fewer than 90 days in containers or tanks since November 19, 1980, in accordance with 40 CFR Part 262.34. It is the opinion of this office, based on the information submitted, that your facility is not required to have a hazardous waste permit under Section 3005 of the Resource Conservation and Recovery Act at this time.

Please be advised that you must ensure that your waste is handled in accordance with 40 CFR Part 262.34 (enclosed), and applicable State and local requirements.

Please contact the Technical, Permits, and Compliance Section at (312) 353-2197 for assistance, if you have any questions. Please refer to "Withdrawal of Part A (Storage fewer than 90 Days)," in all correspondence on this matter.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief  
Waste Management Branch

OK to mail  
8/2/84 JS

Enclosure

cc Bernard Fassnacht, Plant Manager

cc Miriam Leskovaar Burkland  
DeFrees & Fiske

Suite 1500  
72 West Adams Street  
Chicago, Illinois 60603

OK  
10/1/84  
1-800-84

cc IEPA

*Minor*

# GENERAL PACKAGING PRODUCTS INC.

1700 SOUTH CANAL STREET, CHICAGO, ILLINOIS 60616 • 312-226-5611

PRINTERS AND  
CONVERTERS OF  
PROTECTIVE  
PACKAGING



JULY 9, 1984

KARL J. KLEPITSCH, JR., CHIEF  
WASTE MANAGEMENT BRANCH  
U.S. ENVIRONMENTAL PROTECTION AGENCY  
230 SOUTH DEARBORN  
REGION V  
CHICAGO, ILLINOIS 60604

RECEIVED  
JUL 12 1984  
WASTE MANAGEMENT  
BRANCH

RE: GENERAL PACKAGING PRODUCTS, INC.  
1700 SOUTH CANAL STREET  
CHICAGO, ILLINOIS 60616  
U.S. EPA No. ILD005150206 *G.TSD, PA-9*  
ATTENTION: 5HW-13

DEAR MR. KLEPITSCH:

PLEASE BE ADVISED THAT GENERAL PACKAGING PRODUCTS, INC. AND MCKESSON CHEMICAL COMPANY HAVE ENTERED INTO AN AGREEMENT PURSUANT TO WHICH MCKESSON COLLECTS ACCUMULATED ALCOHOL SOLVENT WASTE FROM GENERAL PACKAGING'S PRINTING OPERATIONS AT LEAST AS OFTEN AS ONCE EVERY NINETY (90) DAYS. UNDER THESE FACTS, GENERAL PACKAGING QUALIFIES AS A GENERATOR ONLY FACILITY WHICH ACCUMULATES WASTE FOR LESS THAN 90 DAYS AND IS EXEMPT FROM THE PERMIT REQUIREMENTS PURSUANT TO 40 CFR SEC. 262.43 AND FROM PROOF OF FINANCIAL RESPONSIBILITY REQUIREMENTS PURSUANT TO 40 CFR SEC. 265.1 (c) (7). THEREFORE GENERAL PACKAGING HEREBY WITHDRAWS FROM THE PART A PERMIT APPLICATION PROCESS.

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS DOCUMENT AND ALL ATTACHMENTS AND THAT, BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THAT THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.

GENERAL PACKAGING PRODUCTS, INC.

BY: *William K. Kellogg*  
PRESIDENT

CC: GEORGE PERRY, ILLINOIS EPS  
M. BURKLAND, DEFREES & FISKE  
B. FASSNACHT, PLANT MANAGER/GPP  
G. SCHILDGEN, OFFICE MANAGER/GPP  
EPA/FILE

RECEIVED  
JUL 13 1984

WMD-RAIU  
EPA REGION V



UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION V  
230 SOUTH DEARBORN ST.  
CHICAGO, ILLINOIS 60604

*file*

REPLY TO ATTENTION OF  
5HW-13

MAY 03 1984

Miriam Leskovar Burkland  
DeFrees & Fiske  
72 West Adams Street  
Suite 1500  
Chicago, Illinois 60603

RE: Request for Information--Hazardous  
Waste Permit Review (Signature and  
Certification)

FACILITY NAME: General Packaging Products Inc.  
U.S. EPA ID NO: ILD005150206

Dear Ms. Burkland:

This is to acknowledge receipt of your letter of August 18, 1983, requesting the withdrawal of your Part A Hazardous Waste Permit Application. Your request was not signed and certified by an authorized person, in accordance with 40 CFR Part 270.11 (enclosed). Please resubmit your request, with the correct signature and certification, so that your withdrawal can be processed. Your request must contain a detailed explanation why the application should be withdrawn. Also, if at any time, since November 19, 1980, your operation included treatment, storage, or disposal of hazardous waste subject to 40 CFR Part 265, a closure plan must be filed with the withdrawal request. Requirements for closure are found in 40 CFR Part 265 Subpart G (enclosed).

If no response is received in this office within 30 days, we will assume your facility requires a permit. Accordingly, we will continue to process your application.

Please feel free to contact the Regulatory Analysis and Information Unit at (312) 886-6148 for assistance, if you have any questions. Please refer to "Request for Information--Hazardous Waste Permit Review (Signature and Certification)," in all correspondence on this matter.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief  
Waste Management Branch

Enclosure

cc: William K. Kellogg III  
Bernard Fassnacht, Plant Manager  
IEPA

Miriam Lestovar Burkland  
DeFrees & Fiske  
72 West Adams Street  
Suite 1500  
Chicago, Illinois 60603

5HW-13

RE: Permit Application Withdrawal Letter  
FACILITY NAME: General Packaging Products Inc.  
U.S. EPA ID NO.: ILD005 150 206

Dear Ms. Burkland

This is to acknowledge receipt of your letter of AUGUST 18, 1983, requesting the withdrawal of your Part A Hazardous Waste Permit Application. Your request was not signed and certified by an authorized person, in accordance with 40 CFR Part 270.11 (enclosed). Please resubmit your request with the correct signature and certification, so that your withdrawal can be processed. Your request must contain a detailed explanation why the application should be withdrawn. Also, if at any time, since November 19, 1980, your operation included treatment, storage, or disposal of hazardous waste subject to 40 CFR Part 265, a closure plan must be filed with the withdrawal request. Requirements for closure are found in 40 CFR Part 265 Subpart G (enclosed).

We will assume your facility requires a permit, if no response is received in this office within 30 days. Accordingly, we will continue to process your application.

Please feel free to contact the Regulatory Analysis and Information Unit at (312) 886-6148 for assistance, if you have any questions. Please refer to "Permit Application Withdrawal Letter," in all correspondence on this matter.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief  
Waste Management Branch

Enclosure

cc William K. Kellogg III  
General Packaging Products, Inc.  
1700 South Canal Street  
Chicago, Illinois 60616

cc Bernard Fassnacht, Plant Manager  
Same address  
IEPA

" Send Enclosure For  
Store < 90 DAYS  
ALSO "

# DEFREES & FISKE

LAW OFFICES

SUITE 1500, 72 WEST ADAMS STREET

CHICAGO 60603

RICHARD E. VOLAND  
LEE WINFIELD ALBERTS  
JOHN W. HUPP  
ELEANOR Y. GUTHRIE  
WILLIAM P. STEINBRECHER  
JOHN W. BOWDEN  
EDWARD J. GRIFFIN  
J. WILLIAM CUBCANNAN  
MARVIN S. HELFAND  
CHARLES L. BYRUM  
GREGORY E. NORWELL  
CHARLES K. BOBINETTE  
TIMOTHY J. RIORDAN  
MARTIN J. CAMPANELLA  
HENRY J. UNDERWOOD, JR.  
KENNETH A. VON KLUCK  
LAWRENCE S. GOODMAN

GARY SCHUMAN  
JOHN M. CREGOR, JR.  
SARAH M. STEGEMOELLER  
LILLIAN P. WEBB  
W. MICHAEL SEIDEL  
MIRIAM LESKOVAR BURKLAND

DONALD DEFREES, 1915-1968  
KENNETH M. FISKE, 1928-1978

HARRY R. BEGLEY  
THOMAS J. JOHNSON  
JAMES W. GOOD, JR.  
DAVID B. HOFFMAN  
OF COUNSEL

TELEPHONE (312) 372-4000

CABLE

DEFREESLAW, CHICAGO

TELEX: 206720

August 18, 1983

4429-8301

Ms. Zetta Davis  
U.S. Environmental Protection Agency  
230 S. Dearborn  
Chicago, Illinois 60604

Re: General Packaging Products, Inc.  
1700 S. Canal Street  
Chicago, Illinois 60616  
ILD005150206 *PA 6, 7, 8, 9, PA 87*

Dear Ms. Davis:

Please be advised that General Packaging Products, Inc. and McKesson Chemical Company have entered into an agreement pursuant to which McKesson collects accumulated alcohol solvent waste from General Packaging's printing operations at least as often as once every ninety (90) days. Under these facts, General Packaging qualifies as a generator only facility which accumulates waste for less than 90 days and is exempt from the permit requirements pursuant to 40 CFR Sec. 262.43 and from proof of financial responsibility requirements pursuant to 40 CFR Sec. 265.1(c)(7). Therefore, General Packaging hereby withdraws from the Part A permit application process.

Very truly yours,

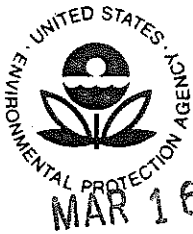
DEFREES & FISKE

*Miriam Leskovar Burkland*  
Miriam Leskovar Burkland

cc: George Perry, Illinois EPA  
William K. Kellogg III, General Packaging Products, Inc.

8/22/83

30  
8/22/83



UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION V  
230 SOUTH DEARBORN ST.  
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:  
RCRA ACTIVITIES

Bernard V. Fassuacht, Plant Manager  
1700 South Canal Street  
Chicago, Illinois 60616

RE: Interim Status Acknowledgement      USEPA ID No. ILD 005 150 206  
FACILITY NAME: GENERAL PACKAGING PRODUCTS, INC.

Dear Mr. Fassuacht:


This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely yours,

  
Karl J. Klepitsch, Jr., Chief  
Waste Management Branch

Enclosure

246  
3/16/82

<b>FORM 1</b> <b>GENERAL</b>	<b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b> <b>GENERAL INFORMATION</b> <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	<b>I. EPA I.D. NUMBER</b> <div style="border: 1px solid black; padding: 2px;">             F 60057 156206           </div>
<b>II. POLLUTANT CHARACTERISTICS</b>		<b>GENERAL INSTRUCTIONS</b> If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.
<b>III. FACILITY NAME</b>	GENERAL PACKAGING PRODUCTS, INC. 1700 SOUTH CANAL STREET	
<b>V. FACILITY MAILING ADDRESS</b>	PLEASE PLACE LABEL IN THIS SPACE	
<b>VI. FACILITY LOCATION</b>	CHICAGO, ILLINOIS 60616	

SPECIFIC QUESTIONS	MARK 'X'	SPECIFIC QUESTIONS	MARK 'X'
	YES NO FORM ATTACHED		YES NO FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>

<b>III. NAME OF FACILITY</b>	1 SKIP
------------------------------	--------

<b>IV. FACILITY CONTACT</b>	<b>A. NAME &amp; TITLE (last, first, &amp; title)</b> 2 FASSNACHT BERNARD PLANT MGR.	<b>B. PHONE (area code &amp; no.)</b> 3 1 2 2 2 6 5 6 1 1
-----------------------------	-----------------------------------------------------------------------------------------	--------------------------------------------------------------

<b>V. FACILITY MAILING ADDRESS</b>	<b>A. STREET OR P.O. BOX</b> 3 1 7 0 0 S O U T H C A N A L S T R E E T	<b>B. CITY OR TOWN</b> 4 C H I C A G O	<b>C. STATE</b> I L	<b>D. ZIP CODE</b> 6 0 6 1 6
------------------------------------	---------------------------------------------------------------------------	-------------------------------------------	------------------------	---------------------------------

<b>VI. FACILITY LOCATION</b>	<b>A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER</b> 5 1 7 0 0 S O U T H C A N A L S T R E E T	<b>B. COUNTY NAME</b> C O O K	<b>C. CITY OR TOWN</b> 6 C H I C A G O	<b>D. STATE</b> I L	<b>E. ZIP CODE</b> 6 0 6 1 6	<b>F. COUNTY CODE (if known)</b> 0 3 1
------------------------------	-------------------------------------------------------------------------------------------------------	----------------------------------	-------------------------------------------	------------------------	---------------------------------	-------------------------------------------

RECEIVED  
 11/11/81

## VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
(specify)										(specify)									
C. THIRD										D. FOURTH									
(specify)										(specify)									

## VIII. OPERATOR INFORMATION

A. NAME															B. Is the name listed in Item VIII-A also the owner?														
GENERAL PACKAGING PRODUCTS, INC.															<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO														
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)															D. PHONE (area code & no.)														
F = FEDERAL      M = PUBLIC (other than federal or state) S = STATE        O = OTHER (specify) P = PRIVATE															(specify) 55														
E. STREET OR P.O. BOX																													
1700 SOUTH CANAL STREET																													
F. CITY OR TOWN															G. STATE					H. ZIP CODE					IX. INDIAN LAND				
CHICAGO															IL					60616					Is the facility located on Indian lands?				
																									<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
9 N										9 P									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
9 U										(specify)									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
9 R										(specify)									

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

PRINT AND COAT PAPER FOR FOOD PACKAGING.

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)										B. SIGNATURE										C. DATE SIGNED									
BERNARD FASSNACHT PLANT MANAGER																				11/11/80									

## COMMENTS FOR OFFICIAL USE ONLY

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<b>FORM 3 RCRA</b>			<b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b> <b>HAZARDOUS WASTE PERMIT APPLICATION</b> <i>Consolidated Permits Program</i> <small>(This information is required under Section 3005 of RCRA.)</small>		<b>I. EPA I.D. NUMBER</b>																																																																																																																																																																																																																																																																																																										
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<b>EXAMPLE FOR COMPLETING ITEM III</b> (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.																																																																																																																																																																																																																																																																																																															
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**III. PROCESSES (continued)**

C. SPACE FOR ADDITIONAL PROCESS CODES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
							1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K	0	5	4	900	P	T 0 3 D 8 0	
X-2	D	0	0	2	400	P	T 0 3 D 8 0	
X-3	D	0	0	1	100	P	T 0 3 D 8 0	
X-4	D	0	0	2				included with above

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)															FOR OFFICIAL USE ONLY										
S W 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15															S W 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15										
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15															1 2 3 4 5 6 7 8 9 10 11 12 13 14 15										
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																									
WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEASURE (enter code)		D. PROCESSES														
											1. PROCESS CODES (enter)						2. PROCESS DESCRIPTION (if a code is not entered in D(1))								
1	S	0	2		31,000				P		T	0	1												
2																									
3																									
4																									
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26																									

## IV. DESCRIPTION OF HAZARDOUS WASTE

(continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

F 1 1 0 0 0 5 1 5 0 2 0 6 6

## V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

## VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

## VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, &amp; seconds)

LONGITUDE (degrees, minutes, &amp; seconds)

## VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

WILLIAM K. KELLOGG, 111

3 1 2 - 2 2 6 5 6 1 1

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

1700 SOUTH CANAL STREET

CHICAGO

IL

6 0 6 1 6

## IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

WILLIAM K. KELLOGG, 111

William K. Kellogg

11/11/80

## X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

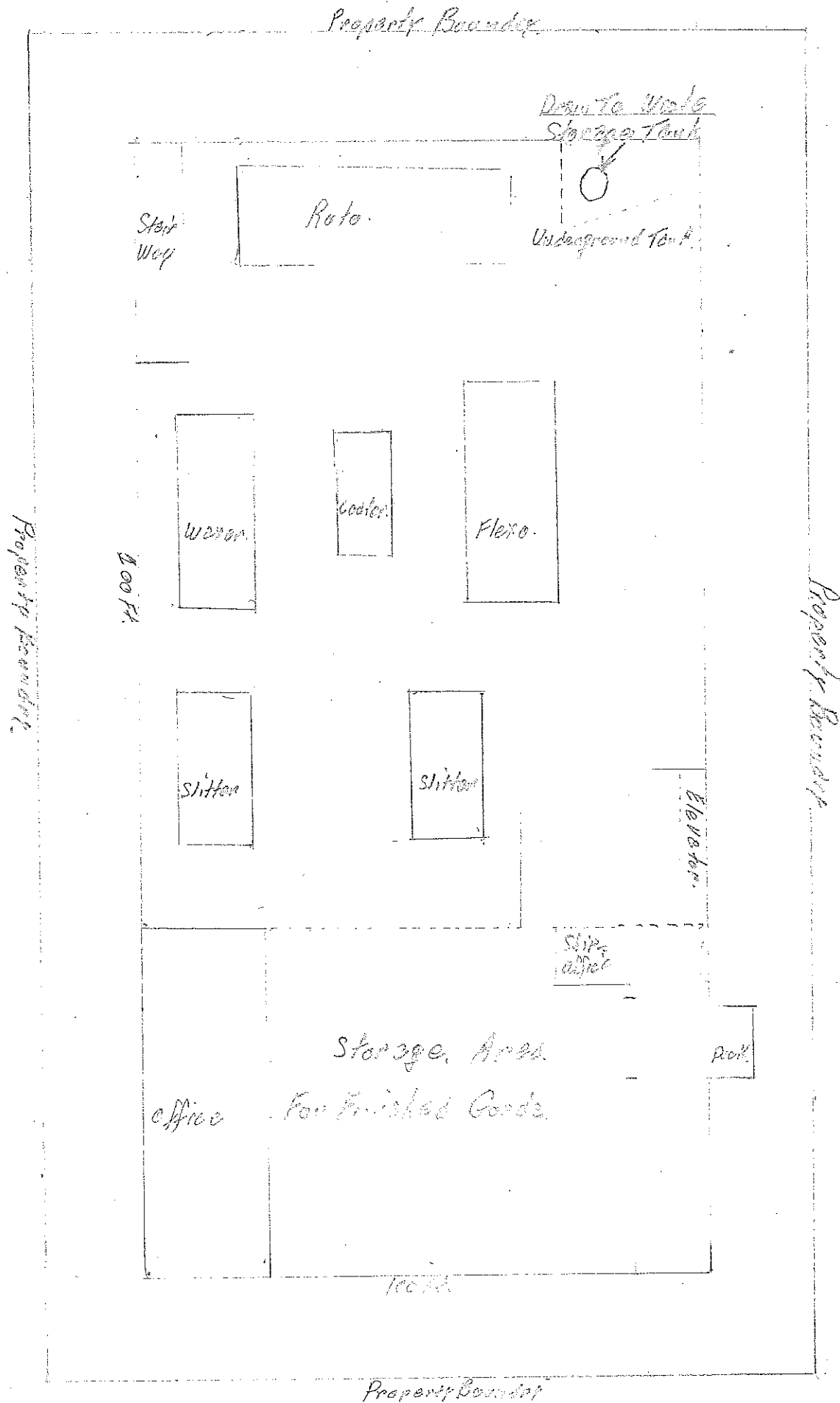
C. DATE SIGNED

BERNARD FASSNACHT

Bernard Fassnacht

11/11/80

## V. FACILITY DRAWING (see page 4)





UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION V  
230 SOUTH DEARBORN ST.  
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:

RCRA ACTIVITIES

OCT 16 1981

General Packaging Products, Inc.  
Bernard Fassnacht, Plant Mgr.  
1700 South Canal Street  
Chicago, Illinois 60616

RE: Hazardous Waste Permit Application-Incomplete Part A (ILD005150206)  
Facility Name (and EPA ID number)  
Facility Address

We have completed our review of your Part A RCRA permit application for the facility referenced above. The application was incomplete; therefore, we are returning it to you along with a checklist which indicates the missing items. Please complete all missing items marked with an asterisk (\*) on the application form, and return the form in time to reach this office by November 16, 1981. All other missing items marked on the checklist should be completed and may be forwarded to this office under separate cover by December 16, 1981.

All of these items are necessary in order for the U.S. Environmental Protection Agency to determine whether your facility qualifies for interim status. Once you receive interim status, your facility may continue operating under the interim status standards until such time as a Part B application is requested by USEPA. At that time, you will have up to six months to submit the Part B portion of the application and to show that you comply with the final detail technical standards.

Please note that some of your original entries on the forms may be changed. We have coded your forms to accommodate key punching for subsequent computer processing; all of our coding was done in blue ink only.

If you have any questions or wish to discuss the missing items on the checklist, please feel free to contact Diane Schlitz,  
the reviewer of your application, at (312) 886-3713,  
or me at (312) 886-7449.

Sincerely yours,

  
Arthur S. Kawatachi  
Regional Project Officer

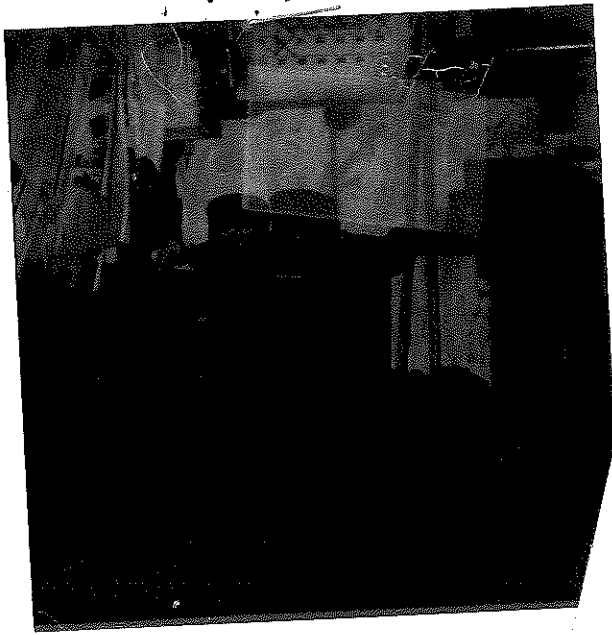
Enclosure

P.S. All missing items marked with an asterisk must be submitted to us with a cover letter signed by the appropriate certifying official (Item XIII on Form 1 and/or Item IX and X on Form 3) or his duly authorized representative.

PS Form 3811, Jan. 1979

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

<b>SENDER:</b> Complete items 1, 2, and 3. Add your address in the "RETURN TO" space on reverse.		
1. The following service is requested (check one.) <input type="checkbox"/> Show to whom and date delivered.....¢ <input type="checkbox"/> Show to whom, date and address of delivery.....¢ <input type="checkbox"/> RESTRICTED DELIVERY Show to whom and date delivered.....¢ <input type="checkbox"/> RESTRICTED DELIVERY. Show to whom, date, and address of delivery \$ ____  (CONSULT POSTMASTER FOR FEES)		
2. ARTICLE ADDRESSED TO: Bernard Fassnacht 1700 S. Canal St. Chicago, IL 60616		
3. ARTICLE DESCRIPTION:		
REGISTERED NO.	CERTIFIED NO.	INSURED NO.
	313562	
(Always obtain signature of addressee or agent)		
I have received the article described above. SIGNATURE <input type="checkbox"/> Addressee <input type="checkbox"/> Authorized agent		
4. DATE OF DELIVERY 1700 S Canal St		POSTMARK JAN 23 1979
5. ADDRESS (Complete only if requested)		
6. UNABLE TO DELIVER BECAUSE:		CLERK'S INITIALS



*Under Ground Dump Opened  
On Second Floor.*



*Front View  
of Building*

ILD005750206

PHASE ONE

General Packaging Products, Inc.

359

Reference Form

Interim Regulatory Requirements

YOUR INITIALS: YES NO Date

- 1 2 Facility? (If No, return to respondent)
- 3 Form 1 received?
- 3 Form 3 received?
- 1 2 3 Postmarked on or before November 19, 1980?
- 3 Date of operation entered?
- 3 Date of operation on or before November 19, 1980?

DB  
DB  
DB  
DB  
DB  
DB

NOTES  
REMARKS

Notified?

Notified on or before August 18, 1980?

S.T.  
S.T.

- 1 Form 1, XIII B signed?
- 3 Form 3, IX B Signed?

DB  
DB

(If all ten items above are initialed in the Yes column, generate Interim Status Acknowledgement and indicate the trigger date here:

PHASE TWO

- 3 Unsure if regulated or non-regulated?
- 3 New facility?
- 1 2 3 Core items missing? If Yes, indicate which items:

Facility name\_\_\_\_; location\_\_\_\_; mail address\_\_\_\_; operator info\_\_\_\_;  
certification\_\_\_\_; process info\_\_\_\_; waste info\_\_\_\_; owner\_\_\_\_; sigs\_\_\_\_.

PHASE THREE

- 1 2 3 Non-core items missing? If Yes, indicate which items:
- Maps\_\_\_\_; photos\_\_\_\_; drawings\_\_\_\_; lat/long\_\_\_\_.
- Other observations and comments:

Received Date Stamp

Log out Log in  
Reverse side.

(Stamp form when)

# LD005150206

ility Name General Bolognino Prod.

☐ ACKNOWLEDGEMENT SENT

iewer [Signature]

INTERNAL CHECKLIST

e Review Started 9/14

1. Interim Regulatory Requirements

A. (1) FORM 1 MISSING

(2) FORM 3 MISSING

B. POSTMARK after NOVEMBER 19, 1980

☐ Valid

C. (1) DATE of OPERATION MISSING

(2) DATE of OPERATION after NOVEMBER 19, 1980

D. (1) NOTIFIED after AUGUST 18, 1980

☐ Valid

(2) NONNOTIFIER

E. (1) FORM 1, XIII B SIGNATURE MISSING

(2) FORM 3, IX B SIGNATURE MISSING

2. A. TSDF

B. NONREGULATED

C. UNSURE

D. UNKNOWN FACILITY

(missing name and address on Form 3)

E. NEW FACILITY

F. CORE ITEM(S) MISSING

G. NONCORE ITEM(S) MISSING

H. OTHER

*Date of exist.  
Process codes under Process  
Design Cap. & Est Am Qty  
don't match  
Latitude & Longitude*

PROCESS CODES - DO NOT MATCH - FOI - pg. 3

LATITUDE & LONGITUDE?

SO2 - pg. 1